

LISTING OF CPT CODES DEEMED BY THE VIRGINIA BOARD OF OPTOMETRY TO REFLECT PROCEDURES WITHIN THE SCOPE OF OPTOMETRIC PRACTICE

DISCLAIMER: *The scope of practice of optometrists in Virginia is defined in §54.1-3200 of the Code of Virginia (Code). The scope of practice of optometrists with therapeutic pharmaceutical agents certification is further defined in §§ 54.1-3222 and 54.1-3223 of the Code and in the Regulations of the Virginia Board of Optometry, §18 VAC 105-20-10 et seq.*

The listing of Board of Optometry (Board) reviewed Current Procedural Terminology (CPT) codes was originally provided over twenty years ago at the request of federal health care agencies to ascertain which procedures were deemed by the Board to fall within the scope of practice of optometry. Those agencies recommended the use of CPT nomenclature as terminology that could be readily understood by optometrists and payers alike. This listing has been reviewed at the quarterly meetings of the Board since the list began and is amended, periodically, as new CPT codes have been introduced or old ones eliminated. In addition, any current Physician Quality Reporting Initiative (PQRI) measure that corresponds to a CPT code is included to the CPT Level I and II code listing. The listing may not reflect all the possible CPT codes that reflect the scope of practice of optometry; it covers only those procedures reviewed by the Board, which have been deemed by the Board to fall within the scope of optometric practice in Virginia.

The CPT codes are defined, in full, in the American Medical Association's reference CPT: Physicians' Current Procedural Terminology, and in no way is the listing intended to replace this reference.

EYE AND OCULAR ADNEXA

-55 (Postoperative Management Only): When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier "-55" to the usual procedure number or by use of the separate five digit modifier code 09955.

PREOPERATIVE MANAGEMENT ONLY

-56 When one physician performs the preoperative management and another physician has performed the surgical procedure, the preoperative component may be identified by adding the modifier "-56" to the usual procedure number or by use of the separate five digit modifier code 09955.

CATEGORY

Code Number

DESTRUCTION, BENIGN OR PREMALIGNANT LESIONS

Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion 17000

Second through 14 lesions, each (List separately in addition to code for first lesion +17003
(Use 17003 in conjunction with code 17000)
(For destruction of common or planter warts, see 17110, 17111)

Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions ø17004
(Do not report 17004 in conjunction with 17000-17003)

Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions 17110

15 or more lesions 17111

REMOVAL OF FOREIGN BODY

Removal of foreign body, external eye; conjunctival superficial 65205*

Corneal without slit lamp 65220*

Corneal with slit lamp 65222*

Anterior Segment

Corneal

Scraping of cornea, diagnostic, for smear and/or culture 65430*

Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) 65435*

Eyelids

Excision

Multiple punctures of anterior cornea (eg, for cornea erosion) Excludes tattoos 65600

Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure (For excision and repair of eyelid by reconstructive surgery, see 67961, 67966)

Correction of trichiasis, epilation by forceps only 67820*

Repair

Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure (For excision and repair of eyelid by reconstructive surgery, see 67961, 67966) 67840

Destruction of lesion of lid margin (up to 1 cm) 67850
(For Mohs micrographic surgery, see 17311-17315) (For initiation or follow-care of topical chemotherapy (eg, 5-FU or similar agents), see appropriate office visits)

Removal of embedded foreign body, eyelid 67938

Closure of lacrimal punctum by plug, each 68761

Probing and/or Related Procedures

Dilation of lacrimal punctum, with or without irrigation 68801*

Probing of nasolacrimal duct, with or without irrigation 68810*

Probing of Lacrimal Canaliculi, with or without irrigation 68840*

DIAGNOSTIC ULTRASOUND - HEAD AND NECK

Ophthalmic ultrasound, echography; diagnostic; A-scan only, with amplitude quantification 76511

Contact B-scan (with or without simultaneous A-scan) 76512

Immersion (water bath) B-scan 76513

Pachymetry 76514

Ophthalmic biometry by ultrasound echography, A-scan	76516
With intraocular lens power calculation	76519
Ophthalmic Ultrasonic Foreign Body Localization	76529

URINALYSIS

Non-automated, without microscopy	81002
-----------------------------------	-------

CHEMISTRY

Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	82962
Immunoassay for analyte other than antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method	83516
Not otherwise specified	83520

GENERAL OPHTHALMOLOGICAL SERVICES

New Patient	92002, 92004
Established Patient	92012, 92014
(see Level II CPT Codes)	

SPECIAL OPHTHALMOLOGICAL SERVICES

Determination of refractive state	92015
Limited examination (under general anesthesia)	92019
Gonioscopy (separate procedure)	92020
Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate report)	92060
Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	92065
Fitting of contact lens for treatment of disease including supply of lens	92070
Visual field examination, unilateral or bilateral with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	92081
Intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic Test, Octopus program 33)	92082
Extended Examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	92083

(Gross visual field testing (eg, confrontation testing) is a part of general ophthalmological services and is not reported separately)	
Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	92100
Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method or Perilimbal Suction Method	92120
Tonography with water provocation	92130
Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral	92135
Ophthalmic biometry by partial coherence interferometry with Intraocular lens power calculation	92136
Provocative tests for glaucoma with interpretation and report, without tonography	92140

OPHTHALMOSCOPY

Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	92225
Subsequent	92226
With Fundus Photography	92250
With Ophthalmodynamometry	92260
(For ophthalmoscopy under general anesthesia, see 92018)	

OTHER SPECIALIZED SERVICES

Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report	92265
Electro-oculography with interpretation and report	92270
Electroretinography with interpretation and report	92275

OTHER SPECIALIZED SERVICES (continued)

Color vision examination, extended (eg, anomalscope or equivalent)	92283
Dark adaptation examination with interpretation and report	92284
External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, goniphotography, stereo-photography)	92285
Special anterior segment photography with interpretation and report, with specular endothelial microscopy and cell count	92286

CONTACT LENS SERVICES

Prescription of contact lens includes specification of optical and physical characteristics

Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	92310
Corneal Lens for Aphakia, one eye	92311
Corneal Lens for Aphakia, both eyes	92312
Corneoscleral Lens	92313
Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	92314
Corneal lens for aphakia, one eye	92315
Corneal lens for aphakia, both eyes	92316
Corneoscleral lens	92317
Modification of contact lens (separate procedure), with medical supervision of adaptation	92325
Replacement of contact lens	92326

OCULAR PROSTHETICS, ARTIFICIAL EYE

Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation (If supply is not included, use modifier -26 or 09926; to report supply separately, see 92393)	92330
Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation	92335

SPECTACLE SERVICES (Including Prosthesis for Aphakia)

Fitting of spectacles, except for aphakia; monofocal	92340
Bifocal	92341
Multifocal other than bifocal	92342
Fitting of spectacle prosthesis for aphakia; monofocal	92352
Multifocal	92353
Fitting of spectacle mounted low vision aid; single element system	92354
Telescopic or other compound lens system	92355
Prosthesis service for aphakia, temporary (disposable or loan, including materials)	92358
Repair and refitting spectacles; except for Aphakia	92370
Spectacle prosthesis for aphakia	92371

SUPPLY OF MATERIALS

Supply of spectacles, except prosthesis for aphakia and low vision aids	92390
Supply of contact lenses, except prosthesis for aphakia	92391
Supply of low vision aids (A low vision aid is any lens or device used	92392

to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.)

Supply of ocular prosthesis (artificial eye)	92393
Supply of permanent prosthesis for aphakia; spectacles	92395
Contact lenses	92396

OTHER PROCEDURES

Unlisted ophthalmological service or procedure	92499
--	-------

ALLERGY TESTING

Ophthalmic mucous membrane tests	95060
----------------------------------	-------

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

Visual evoked potential (VEP) testing central nervous system checkerboard or flash	95930
--	-------

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (eg, Neuro-Cognitive, Mental Status, Speech Testing)

Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	96105
Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	96110
Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour	96111
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour	96116

THERAPEUTIC PROCEDURES

Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	97530
Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety	97535

procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes	
Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one on one contact by provider, each 15 minutes	97537

EVALUATION AND MANAGEMENT GUIDELINES

Office or Other Outpatient Services	
New Patient	99201-99205
Established Patient	99211-99215
Consultations	
Office Consultations	99241-99245
Initial Inpatient Consultations	99251-99255
Follow-up Inpatient Consultations	99261-99263
Confirmatory Consultations	99271-99275
Emergency Department Services	99281-99288
Nursing Facility Services	
Subsequent Nursing Facility Care	99307-99311
Domiciliary Rest Home or Custodial Care Service	
New Patient	99324-99328
Established Patient	99334-99337
Home Services	
New Patient	99341-99343
Established Patient	99351-99353
Case Management Services	
Team Conferences	99361-99362
Telephone Calls	99371-99373
Preventative Medicine Services	
New Patient	99381-99387
Established Patient	99391-99397
Individual Counseling	99401-99404
Group Counseling	99411-99412
Other	99420-99429
Other E/M Services	
Unlisted evaluation and management	
Small service	99499

GLAUCOMA SCREENING (Effective 1/1/2002)

Glaucoma screening for high risk patients furnished by an OD or MD	G0117
Glaucoma screening for high risk patients furnished under direct Supervision of OD or MD	G0118

***Service includes surgical procedure only**

+ = Add on code

o = Modifier 51 exempt

DME CODES

(Supplies)

Surgical Tray

A4550

At its meeting on May 15, 1997, the Board officially endorsed the optometrist's authority to order imaging and laboratory tests appropriate to the treatment of the human eye.

Level II CPT Codes

Reference www.ama-assn.org/ama1/pub/upload/mm/362/appendixh122006.pdf

Eye Care Performance Measurements:

1. 2027F POAG optic nerve head assessment performed and documented
2. 4007F ARM suggestion of an antioxidant prescription documented
3. 2019F ARM dilated macular examination performed and documented
4. 1055F assessment of function performed and documented in a cataract patient
5. 3073F documentation of pre-surgical axial length, corneal power measurement and method of IOL calculation in a cataract patient
6. 2020F pre-surgical dilated fundus examination performed in a cataract patient
7. 2021F documentation of the presence or absence of macular edema and level of severity of Diabetic Retinopathy
8. 5010F documentation of communication with the managing primary physician in a patient with Diabetic Retinopathy (Must report with 2021F)

Other Level II CPT Codes to be used by primary care physicians caring for the diabetes:

1. 2022F Dilated Retinal Exam – Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM*)
2. 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM*)
3. 2026F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed (DM*)
4. 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM*)

Measure Exclusion Modifiers- (Used only when measure could not be performed)

1P Performance Measure Exclusion - Modifier due to Medical Reasons

Not indicated: absence of organ/limb, already received/performed, other

Contraindicated: patient allergic history, potential adverse drug interaction, other

2P Performance Measure Exclusion - Modifier due to Patient Reasons

Includes: patient declined, other patient reasons, economic, social, religious

3P Performance Measure Exclusion - Modifier due to System Reasons

Includes: Resources to perform the services not available

Insurance coverage/payor-related limitations

Other reasons attributable to health care delivery system

Performance measurement exclusion modifiers may be used to indicate that a service specified by a performance measure was considered but, due to either medical, patient, or systems reason(s) documented in the medical record, the service was not provided. These modifiers serve as denominator exclusions from the performance measure. The user should note that not all listed measures provide for exclusions.

Filing Exam:

1. Established patient, diabetic, no retinopathy, letter to MD

CPT Level I: 92014 modifier: none Diagnosis code: 250.02 (Diabetes, adult)

CPT Level II: 2021F modifier: none Diagnosis code: 250.02 (Diabetes, adult)

CPT Level II: 5010F modifier: none Diagnosis code: 250.02 (Diabetes, adult)

2. New patient, ARMD, mild dry, no antioxidants indicated

CPT Level I: 92004 modifier: none Diagnosis code: 362.51 (ARMD, dry)

CPT Level II: 2019F modifier: none Diagnosis code: 362.51 (ARMD, dry)

CPT Level II 4007F modifier: P1 Diagnosis code: 362.51 (ARMD, dry)

Contact Information:

Virginia Board of Optometry

9960 Mayland Drive, Suite 300

Richmond, VA 23233-1463

(804) 367-4508 (804) 527-4466 (FAX)

e-mail: optbd@dhp.virginia.gov